

Pediatric Pharmacy Advocacy Group

**Practice Management Issues
in Pediatric Ambulatory Care**

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Disclosures

- No conflicts of interest to disclose



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Objectives

1. Discuss methods for integrating a pharmacist into the pediatric clinic
2. Determine factors to consider when writing a pharmacist's scope of practice agreement for the pediatric ambulatory care setting
3. Identify practice management challenges faced by pharmacists in the ambulatory care setting
4. Describe pharmacist driven quality improvement initiatives
5. Recognize ways to incorporate learners into your pediatric ambulatory care practice



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Presentation Overview

- Pharmacist integration and collaborative practice – Michelle Condren
- Practice management challenges – Leslie Briars
- Quality improvement models – Sandra Benavides
- Incorporating learners – Brooke Gildon
- Panel open for questions



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Michelle Condren, PharmD, BCPPS, AE-C, CDE, FPPAG

**PHARMACIST INTEGRATION &
SCOPE OF PRACTICE**



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Personal Practice Experience

- Current Position: Professor, Vice-Chair for Research, Director of Pharmacy services
- Clinical Practice: Pediatric ambulatory care
 - General pediatrics
 - Pharmacist managed asthma clinic
 - Medication therapy management for children with medical complexity
 - Medication prior authorization and access
 - Medication reconciliation
 - Phone consults
 - Cystic Fibrosis clinic



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Previous Practice Experience

- Endocrine clinic
 - Insulin adjustments
 - New patient education
- Neurology clinic
- Hematology/oncology clinic



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Potential Pharmacy Services

<ul style="list-style-type: none">• Team based• Consult service<ul style="list-style-type: none">• Medication Reconciliation• Drug information• Medication access• Patient education• Transitions of care	<ul style="list-style-type: none">• Pharmacist managed<ul style="list-style-type: none">– Disease specific management– Medication therapy management• Population health• Systems management• Quality improvement
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Determining Practice Goals



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Personal Goals

- What types of activities do I enjoy doing?
- What types of activities would I rather not be doing?
- What am I willing to learn how to do?



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Practice Goals

- Are they reporting any quality measures to an outside organization?
- What do they spend time doing that a pharmacist could reduce physician time in that activity?
- What would they like to do better?



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Other Stakeholders

- University partner
- Pharmacy department
- Learners

- What other commitments will you have?
- What are the goals of other stakeholders?
- How much time can you commit to the practice?



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Financial Models

- Co-funding with University or Pharmacy department
- Cost savings from reduced physician time dedicated to an activity
- Improved reimbursement to practice by meeting practice or quality metrics
- Grant funding for service development
- Clinical billing



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Stepwise Approach to Service Implementation

- Market assessment
- Needs assessment
- Description of services
- Operations
- Marketing
- Evaluation and Assessment



ACCP White Paper: Developing a business-practice model for pharmacy services in ambulatory settings

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Collaborative Practice Agreements

- Formalize the relationship between pharmacists and other healthcare providers
- Laws differ in each state about when these are needed and what should be included
- Patient care activities that do not require any specific independent decision making for therapy modification do not necessarily require a CPA
 - Patient education
 - Medication reconciliation



<https://www.cdc.gov/odspq/public/docs/CPA-Team-Based-Care.pdf>

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Elements of a CPA

- Who will provide the service?
- What service will be provided?
- How will the patient be referred or identified for the service?
 - Does the state allow population management or an agreement/consent for each patient referred?
- What patient care functions are being delegated to the pharmacist?
 - Does the state require specific of general statements here?



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Elements of a CPA

- How will the provider be notified of the services rendered or changes made?
- How will the services be billed?
- How will the services be documented?
- Responsible provider to oversee the CPA



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Example CPA

With respect to clinical services within the XX Clinic, Dr. XX is authorized to perform any of the following activities:

1. Assess the effect of and make recommendations on the drug therapy of a patient. Patients may be referred to Dr. XX for formal consultation on their pharmacotherapy regimens. All consultations and visits may be documented in the patient's chart.
2. At any given referred patient visit, Dr. XX is authorized to assess the patient's current medical conditions, take past medical, family, social and medication histories, and provide medical or drug education to increase patient adherence to the prescribed drug regimens. Further, she can develop, in conjunction with the primary care practitioner or supervising physician, therapeutic plans to help improve care for those patients with complicated medical conditions, pharmacotherapeutic regimens, or patient compliance issues. Dr. XX can modify dosing or administration of an existing drug therapy regimen or implement a new drug therapy regimen. Notes detailing modifications made to therapy will be sent to the physician for review.



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Example CPA Continued

- 3. Perform limited physical examinations to assess the response to prescribed drug therapies. Clinical laboratory parameters may be obtained and ordered as needed for patient care.
 - 4. Phone in prescriptions to pharmacies for medications that the patient is currently taking or for modifications or additions to therapy.
 - 5. For any given pharmacotherapy visit, in which case the patient is not being evaluated by the physician on the same day in accordance with billing guidelines, Dr. XX may bill a Level I visit (99211), education codes (98960, 98961, 94664), spirometry (94010, 94060), or medication therapy management codes (99605, 99606, 99607) to the patient's insurance. Claims collected for pharmacy services will be retained by xx Department.
- Where appropriate, all work will be supervised by available physicians in the clinic where Dr. XX is practicing.



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Overall Considerations for CPAs

- Always evaluate your activities and determine if a CPA might better protect all parties from liability
- Consult with local Board of Pharmacy
- Assess comfort level of providers with level of service being offered
- Re-evaluate regularly



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Leslie Briars, PharmD, FPPAG

PRACTICE MANAGEMENT CHALLENGES



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Personal Practice Experience

- University, adult-based hospital with pediatrics embedded (CHUI)
- Child & Youth Center
 - All specialties and general pediatrics
- Role [Clinical Associate Professor/Pediatric Ambulatory Care Clinical Pharmacist]:
 - Clinical services provided to chronic care clinics, e.g., developmental peds (ADHD, autism med mgmnt), nephrology, HIV
 - Consultant for general peds and adolescent med
 - Provide protocol-based services for travel consults, refills
 - Facilitate many prior authorizations, but focus on specialty products, e.g., palivizumab
 - Education for patients-families, pharmacy and physician learners



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Clinic Logistics

- Balancing clinical and administrative duties
 - Remember CQI for justification and improvement of pharmacy services
- Navigating reporting lines
 - Co-funded position
 - Academia
 - Inpatient-outpatient split position



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Work flow and Space Considerations

- Where will you fit?
 - Consultant for team
 - May be able to do remotely
 - Educator for families-patients
 - Develop a space in which privacy & supplies provided
 - Medication management visits
 - Determine time and space needed; where in flow of visit will pharmacist see patient; is it a pharmacist-managed visit or a provider visit with ancillary services being consulted



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A True Balancing Act

- How often will you be in clinic?
 - Inpatient & outpatient time split
 - E.g., ½ day per week with team (i.e., transplant inpatient and outpatient); consultant role may 'fit' well with this practice model
 - Academia
 - Teaching, research and clinical activity
 - Co-funded position
 - Determine professional evaluation parameters
 - Who wants what?



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Managing the time

- Appointment timing
 - Pharmacists' flow
 - Room utilization
 - Addition of learners
 - Prepare for no-shows!
- Follow-up and continuity of care essential in ambulatory setting
- Set a schedule and stick to it!
- How will the clinic personnel contact you?
 - Are you available via pager, phone or not?



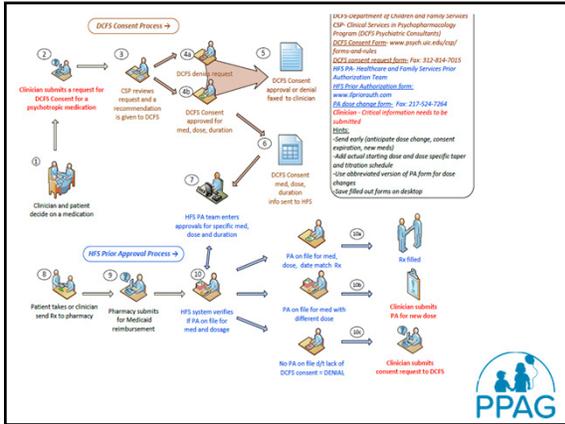
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Patient Access to Medications

- Prior Authorization Tips
 - Training of providers (e.g., covermymeds.com)
 - Consulting for office staff as medication expert (i.e., growth hormone, Synagis®)
 - Awareness of various insurance formularies
 - DCFS custody patients [individual state-specifics may vary]
 - Adjudication message to community pharmacies
 - Interpretation and facilitation of authorization



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Pediatric-specific access challenges

- Compounded medications
 - Expiration dating vs days supply, PAs
- Frequent change of dosing due to weight changes, acute status
 - Facilitation with mail order requirements
- MDIs vs DPIs and age-based ability vs formulary choice
- Long-acting psychostimulant differences
 - PK vs PD

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Medicare D Coverage Changes

cipients. The program is now following the directive of the US Food and Drug Administration (FDA) that no drug should be dispensed or be covered by insurance for any indications other than those approved by the FDA.^{1,2} That excludes the use of mycophenolate

Am J Transplant 2019; DOI: 10.1111/ajt.15215

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What does this mean for pediatrics?

- Although Medicare is not the main insurer for children, most insurances follow Medicare rules
- Specialty listserv for pediatric nephrology already discussing implications
 - Mycophenolate, Eculizumab, Rituximab, etc.
- Possible role for PPAG
 - Off-label use



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Reimbursement

- Reimbursement
 - Refer to individual private payers for details
 - Many insurers default to Medicare regulations
 - Clinical services
 - Incident-to billing
 - Disease-specific billing, e.g., diabetes management
 - Prescriptions
 - Funneling Rxs to facility pharmacy
 - Pay for performance incentives
 - Capitated \$\$ for achieving goals, e.g., # patients with asthma action plan, influenza vaccination



JPT 2016; 23(1) & ASHP FAQ May 2014

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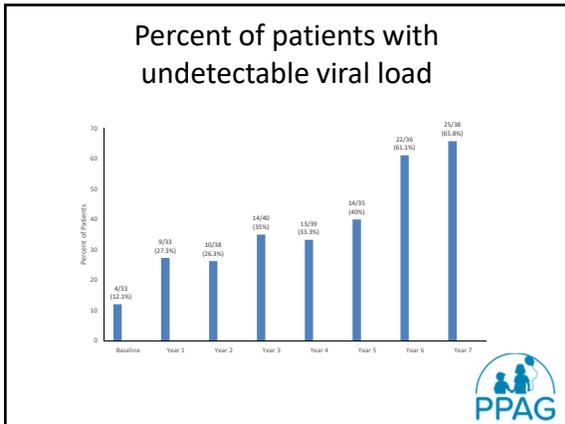
It is all worth it!

- Over a 7-year period, in a pediatric HIV clinic
 - 2 pediatric clinical pharmacists w/in a team-based practice
 - n = 53 patients seen at 2257 visits
 - 8893 interventions documented



JACP 2019 - DOI: 10.1002/jac5.1077

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Sandra Benavides, PharmD

QUALITY IMPROVEMENT INITIATIVES



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Personal Practice Experience

- Practice in pediatric pharmacy as an academican for over 15 years
- Developed an ambulatory pediatric practice in the Florida Department of Health Children's Medical Services
- Interest in quality measures and health outcomes



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Quality Improvement

- Defined by the AAP as:
activities intended to evaluate an existing practice and attempt to improve it based upon existing knowledge.
- Critical to improve health care **quality and safety**
- Payment programs linking to quality (e.g., PCMH, ACO)



Pediatrics 2017;139:e20163442

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Improvement in Clinical Care

To improve and monitor quality of the health care services delivered

- Process of care (timely and efficient)
- Outcomes (effective)
- Safety
- Patient experience (patient-centered/equitable)

Metabolic Screening for Children and Adolescents Newly on Antipsychotics



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Regulation & Accreditation

Regulation:
Rules that must be followed



Use of systemic corticosteroids for inpatient asthma

Accreditation:
Seal of Approval



Follow-up care for children prescribed ADHD medication



https://www.jointcommission.org/childrens_asthma_care/
<http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2017/HEDIS%202017%20Volume%202%20List%20of%20Measures.pdf?ver=2016-06-27-135433-250>

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Maintenance of Certification with American Board of Pediatrics

PART 1:
Professional Standing

- Valid, unrestricted medical license

PART 2:
Lifelong Learning and Self Assessment

- Earn 40 points of CME



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Maintenance of Certification with American Board of Pediatrics

PART 3:
Cognitive Expertise

- Pass an examination for each certification

PART 4:
Improving Professional Practice/Quality Improvement

- Must participate in a quality improvement activity



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Maintenance of Certification with American Board of Pediatrics

- Requirements for QI Involvement
 - Small or large group
 - Collaborative
 - Must earn 40 points every five years
- Approve activities designed to assess and improve the quality of patient care and processes that will lead to improved child health



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Quality Measures Defined

Tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.



IDM. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press; 2001.

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Quality Measures



Healthcare Quality Domains

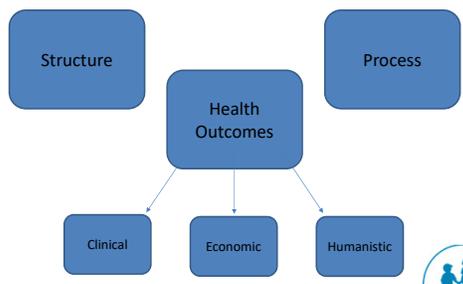
- Safe
- Effective
- Efficient
- Timely
- Equitable
- Patient-Centeredness



IDM. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press; 2001.

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Types of Quality Measures



Structure **Process**

Health Outcomes

- Clinical
- Economic
- Humanistic



IDM. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press; 2001.

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Structure

Definition: <ul style="list-style-type: none">• Sufficiency of resources and proper system design• Focused on static aspects of the organizations setting, system or provider	Examples: <ul style="list-style-type: none">• <i>Measure of medical home for child or adolescent</i>• <i>Children with usual source of care when sick</i>• <i>Receive laboratory electronically</i>
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Process

Description: <ul style="list-style-type: none">• Activities carried out by practitioners in the delivery of healthcare• Can address overuse, underuse or misuse	Examples: <ul style="list-style-type: none">• <i>Antipsychotic use in children less than 5 years of age</i>• <i>Immunization status</i>• <i>Recommendation of appropriate oral rehydration solution</i>
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Health Outcomes

Definition: <ul style="list-style-type: none">• Changes in patient's health<ul style="list-style-type: none">– Clinical– Economic– Humanistic	Examples: <ul style="list-style-type: none">• <i>Asthma admission rates</i>• <i>Child overweight or obesity status</i>• <i>Young Adult Health Care Survey</i>
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National Quality Measures for Pediatrics

Source	Collection	Number of Measures	Relevant to Pediatrics
Center for Medicare and Medicaid Services	Child Core Set	24	19
Agency for Healthcare Research and Quality	Pediatric Quality Indicators	24	17
National Quality Forum	Endorsed	626	105
Joint Commission	Core Measures	46	17
	Outpatient Core Measures	33	12
Centers for Disease Control and Prevention	National Healthcare Safety Network	10	6



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National Quality Measures for Pediatrics

Source	Collection	Number of Measures	Relevant to Pediatrics
National Committee for Quality Assurance	Healthcare Effectiveness Data and Information Set Physician Measures	51	25
Health Resources and Services Administration	Uniform Data System	13	7
American Medical Association	Physician Consortium for Performance Improvement	325	49
Children's Hospital Association	Solutions for Patient Safety	10	9
	Whole Systems Measures	11	11



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HEDIS

Antibiotic Utilization – summarizes data on outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender and reported for each product

- Total number of antibiotic prescriptions.
- Average number of antibiotic prescriptions per member per year (PMPY).
- Total days supplied for all antibiotic prescriptions.
- Average days supplied per antibiotic prescription.
- Total number of prescriptions for antibiotics of concern.
- Average number of prescriptions PMPY for antibiotics of concern.
- Percentage of antibiotics of concern for all antibiotic prescriptions.



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CMS

ADHD: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication

Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care

- Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.
- Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.



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Quality Improvement in Action

PSYCHIATRIC MANAGEMENT OF THE MEDICALLY COMPLICATED PATIENT

ORIGINAL RESEARCH



MENTAL HEALTH CLINICIAN
Open Access

Metabolic monitoring in children 5 years of age and younger prescribed second-generation antipsychotic medications

Yardlee S. Kauffman, PharmD, MPH, BCACP, CPH¹
Thomas Delate, PhD, MS¹
Sheila Botts, PharmD, FCCP, BCPP¹




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Metabolic monitoring in Children on Second Generation Antipsychotics

- Kaiser Permanente
- Retrospective cohort analysis
- Included children 5 years of age or less
- Initiated on a SGA were followed for one year
- Objective to determine the number of children obtaining recommended monitoring



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Personal Practice Experience

- Academia with pediatric clinical practice sites
- Ambulatory care (pharmacist-managed and team-based clinics, consult services, call service, medication safety/RX review, patient-centered medical home initiatives)
- Post-acute care (complex care and rehabilitation medicine consults, antimicrobial stewardship, clinical pharmacy representation on committees)
- Practice-based clinical research and QI initiatives
- Teaching: didactic, IPPE, APPE, PGY1 Pharmacy, PGY2 Ambulatory Care, PGY2 Pediatrics



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DEFINITION OF A PRECEPTOR



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ACPE Attributes of Preceptors

- Practicing ethically and with compassion for patients
- Accepting personal responsibility for patient outcomes
- Having professional education, experience, and competence
- Utilizing clinical and scientific publications in clinical care decision-making and evidence-based practice
- Desiring to educate others
- Demonstrating the willingness and ability to advocate for patients and the profession

ACPE=Accreditation Council for Pharmacy Education



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ACPE Attributes of Preceptors

- Demonstrating creative thinking that fosters an innovative, entrepreneurial approach to problem solving
- Having an aptitude for facilitating learning
- Being competent in the documentation and assessment of student performance
- Having a systematic, self-directed approach to their own continuing professional development and actively participate in self-directed lifelong learning
- Collaborating with other healthcare professionals as a visible and contributing member of a team
- Being committed to their practice organization, professional societies, and the community

ACPE=Accreditation Council for Pharmacy Education



Accreditation Council for Pharmacy Education. <https://www.acpeaccredit.org/pdf/GuidanceforStandards2016FINAL.pdf>.

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ASHP Residency Preceptor Qualifications

- Must demonstrate the ability to precept residents' learning experience by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating)
- Have the ability to assess residents' performance
- Have recognition in the area of pharmacy practice
- Have an established, active practice where they serve as a preceptor
- Show maintenance of continuity of practice during the time of the residents' learning experience
- Demonstrate ongoing professionalism

ASHP=American Society of Health-System Pharmacists



American Society of Health-System Pharmacists. <https://www.ashp.org/~/media/assets/professional-development/residencies/doc/pgy1-residency-accreditation-standard-2016-adm?rev=9f7c76962c105620567f73184fa458a7e18c6c>.

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Tips to Incorporate Learners

- Establish your service prior to adding learners
- Plan the logistics
 - Requirements from the site (e.g., immunizations, training, fingerprinting, paperwork)
 - EHR and building access
 - Physical space
 - Technology needs
- Create an orientation process
- Reflect on learner integration challenges (e.g., how to build rapport with a new patient while balancing learner independence)
- Educate your team on the roles/expectations of various learners
- Differentiate learners (e.g., student, PGY1, PGY2) within the team
- Think outside the box/be creative



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Pharmacists' Patient Care Process

Use the Pharmacists' Patient Care Process to help generate ideas for learner integration

Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014. Available at: <https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf>. Accessed February 7, 2019.

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Patient Care Pharmacy Services*

- Medication reconciliation
- Medication therapy management
- Preventative services (e.g. immunizations)
- Medication education and counseling
- Disease state education
- Counseling on all new prescriptions/prescription review
- Device training and techniques review
- Pediatric self-management and adherence assessment
- Transitions of care
- Facilitating access to medications

*Service opportunities in pediatric ambulatory care

Lampkin S, et al. J Pediatr Pharmacol Ther 2018;23(1):4-17.

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Example Models for Learner Integration

- Pharmacist-managed clinic: asthma education and management example
- Team-based clinic: general pediatrics example
- Private practice clinic: preventative medicine example
- Medication safety service: retrospective prescription review example
- Post acute care facility: antimicrobial stewardship example

Lampkin S, et al. J Pediatr Pharmacol Ther 2018;23(1):4-17.

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Unique Ambulatory Care Learner Opportunities

- Communication with children
- Learning to include both the pediatric patient and their caregiver
- Being a player in the continuity of care
- Opportunities outside clinical knowledge (e.g., prior authorizations)
- Pediatric immunizations
- Patient and caregiver education



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Non-Patient Care Learner Activities

- Involvement in quality improvement or research projects (all stages of learning)
- Assist with educational opportunities
- Research and present for committee activities
- Spend time with other healthcare team members (e.g., speech therapy)
- Any interprofessional meetings or activities



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Conclusions

- Pharmacists play a valuable role in pediatric ambulatory care
- Careful consideration of practice, personal, and stakeholder goals is imperative for successful clinic integration
- Practice management challenges will be present in all clinic settings
- Quality improvement initiatives offer additional roles for the pharmacist
- Pediatric clinics offer exceptional learner experiences



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Resources

- Lampkin SJ, Gildon B, Benavides S, Walls K, Briars L. Considerations for providing ambulatory pharmacy services for pediatric patients. *J Pediatr Pharmacol Ther* 2018;23(1): 4-17.
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- CDC. Advancing Team Based Care through Collaborative Practice Agreements. <https://www.cdc.gov/dhisp/pubs/docs/CPA-Team-Based-Care.pdf>
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Quality Measure Resources

- Center for Medicare and Medicaid Services - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>
- Agency for Healthcare Research and Quality <https://www.qualityindicators.ahrq.gov/>
- National Quality Forum <https://www.qualityforum.org/home.aspx>
- Joint Commission https://www.jointcommission.org/core_measure_sets.aspx
- Pharmacy Quality Alliance <https://www.pqaalliance.org/pqa-measures>
- Center for Disease Control and Prevention <https://www.cdc.gov/publichealthgateway/program/resources/performance.html>
- National Committee for Quality Assurance <https://www.ncqa.org/hedis/>
- Health Resources and Services Administration <https://bphc.hrsa.gov/qualityimprovement/performance-measures/index.html>
- American Medical Association <https://www.ama-assn.org/practice-management/payment-delivery-models/quality-payment-program-reporting-basics>
- Children's Hospital Association <https://www.childrenshospitals.org/Quality-and-Performance/Measurement-and-Standards>



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